

PATENT

Docket: CU-2691

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
- ☐ design
- ☐ supplemental

Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT

Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

ADJUSTABLE SPINAL BRACE

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- ☐ (a) is attached hereto.
- ☐ (b) was filed on _____ as ☐ Serial No. _____ or
☐ Express Mail No. (as Serial No. not yet known) _____
and was amended on _____ (if applicable).

Note: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the Declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental Declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- ☒ (c) was described and claimed in PCT International Application No. PCT/SE00/00727 filed on 17 April 2000 and as amended on 13 August 2001.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

☐ (d) no such applications have been filed.

☒ (e) such applications have been filed as follows.

Note: Where item (e) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

| COUNTRY (OR INDICATE IF PCT | APPLICATION NUMBER | DATE OF FILING (day/month/year) | PRIORITY CLAIMED UNDER 35 USC 119 |
|-----------------------------------|-----------------------|------------------------------------|---|
| Sweden | 9901556.2 | 30 April 1999 | <input checked="" type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| PROVISIONAL APPLICATION NUMBER | FILING DATE |
|--------------------------------|-------------|
| | |
| | |

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

Note: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (*list name and registration number*).

Thomas F. Peterson, 24790; Richard J. Streit, 25766; Donald P. Reynolds, 26220; W. Dennis Drehkoff, 27193; Vangelis Economou, 32341; Brian W. Hameder, 45613; Valerie Neymeyer-Tynkov, 46956; Paul B. West, 18947; Joseph H. Handelman, 26179; Peter D. Galloway 27885; John Richards, 31503; Iain C. Baillie, 24090; Richard P. Berg, 28145

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Richard J. Streit
c/o Ladas & Parry
224 South Michigan Avenue
Suite 1200
Chicago, Illinois 60604

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

(312) 427-1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of first joint inventor

Stig _____ WILLNER _____
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature _____ (deceased - see added page)

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full name of second joint inventor

Jan F.A. SMITS
(Given Name) (Middle Initial or Name) (Family (or Last) Name)

Inventor's signature

Date Country of Citizenship Netherlands

Residence Helmond, The Netherlands

Post Office Address Holterbergweide 26, NL-5709 MP Helmond, The Netherlands

**ADDED PAGE TO COMBINED DECLARATION & POWER OF ATTORNEY FOR SIGNING
BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON
BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 & 1.43)**

I Eva WILLNER, hereby declare I am a citizen of Sweden residing at Remontgatan
50, SE-212 35 Malmo, Sweden

and that I am executing and signing the declaration to which this is attached as

(check one)

- ☐ the administrator(trix) of
☐ executor(trix) of the last will and testament of
☒ sole heiress of

Full name of deceased inventor

| | | |
|--|-------------------------------------|---|
| <u>Stig</u> (Given Name) | <u></u> (Middle Initial or Name) | <u>WILLNER</u> (Family (or Last) Name) |
| Country of Citizenship <u>Sweden</u> | | |
| Residence <u>Malmo, Sweden</u> | | |
| Post Office Address <u>Remontgatan 50, SE-212 35 Malmo, Sweden</u> | | |

That, upon information and belief, I aver those facts that the inventor is required to
state.

May 23rd 2002
Date

Eva Willner
Eva WILLNER
Sole Heiress of Stig Willner

Note: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in
the PTO or filed in the application before the grant of the patent 37 CFR 1.44.

Note: Application may be made by the heirs of the inventor if a certificate of the court will establish that they
are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing,
add lines for all the heirs to sign. MPEP 409.01(a), 6th ed., rev. 3.